

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Alaska DigiTel, L.L.C.

Service Provider Name
Alaska DigiTel, L.L.C.

Company Address, City, State, Zip
5350 Poplar Avenue
Suite 875
Memphis, TN 38119

Service Provider Type ☒ Wireless ☐ Wireline
Wireless

Name(s) of Wireless License Holder(s)
Alaska DigiTel, L.L.C.

Contact Name
Stephen Roberts

Contact Tel #
(901) 763-3333

Fax #
(901) 763-3369

E-mail Address
sroberts@wirelesspartners.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Anchorage, Alaska
Matanuska-Susitna, Alaska

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Anchorage, Alaska – Anchorage Police Department Public Safety Answering Point (PSAP)
Mat-Su – Anchorage Police Department Public Safety Answering Point (PSAP)
Palmer – Palmer PSAP

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

911 calls are automatically forwarded over a dedicated trunk to the PSAP in question.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

We are currently doing abbreviated calling to 911.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 11, 2002.

Signature: /s/

Stephen M. Roberts
Printed name of authorized representative

Managing Director
Title

March 11, 2002
Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

